

Saipan Ice & Water Co., Inc.
P.O Box 501808 Saipan MP 96950
Tel. NO. 322-6130, 322-5991

No.

MAINTENANCE WORK ORDER

Customer Name	DYS	Date	11/21/07
Address	KABMAN	Contract Ref.	
Contact Person		Tel. No.	

Equipment Description:	2000 GPD		
Visit Frequency	___: Week/Month	Last Microbiology Test Result / Remarks:	

SERVICE REPORT

check on RO system operation

FINDINGS/COMMENTS:

need to rep/ fill on Chlorine for injection tank

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV-Light Unit(s)	
Chlorine Level	full	Ozonator	Ok
Pre-filter	ok	Hardness Reading	15 Gpg
Post-filter	ok	Feed Water TDS	1003 ppm
Feed Pump Pressure	30/180 PSI	Product Water TDS	21 ppm
Permeate Flow Rate (GMP)	1.0 Gpm	Chlorine Reading	0.3 mg/L
Reject Flow Rate (GMP)		Others	

Recommendation (indicate particular work done or parts of system inspected):

check & rep/ fill on Chlorine on injection tanks, check TDS & Chlorine residual of feed H₂O & RO product, check operational pressure of Backwash RO membrane

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Kod de los Reyes	Ricardo Fusa 11/21/07

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No.

MAINTENANCE WORK ORDER

Customer Name	<i>Dep</i>	Date	<i>110807</i>
Address	<i>KAGMAN</i>	Contract Ref.	
Contact Person		Tel. No.	

Equipment Description: *2000 GPD*

Visit Frequency	___ : <u>Week</u> /Month	Last Microbiology Test Result / Remarks:
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SERVICE REPORT

Check on RO System Operation

FINDINGS/COMMENTS:

*need to refill flocon & chlorine for myelator tank***INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	<i>full</i>	UV-Light Unit(s)	
Chlorine Level	<i>full</i>	Ozonator	<i>OK</i>
Pre-filter	<i>OK</i>	Hardness Reading	<i>7 GPD</i>
Post-filter	<i>newly replace</i>	Feed Water TDS	<i>735 PPM</i>
Feed Pump Pressure	<i>20/100 PSI</i>	Product Water TDS	<i>7 PPM</i>
Permeate Flow Rate (GMP)	<i>1.5 GPM</i>	Chlorine Reading	<i>0.5 mg/L</i>
Reject Flow Rate (GMP)		Others	

Recommendation (indicate particular work done or parts of system inspected): *check & refill flocon and chlorine for myelator tank, check TDS & chlorine residual of feed H₂O & RO product, check operational pressure*

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		<i>Rodolfo Reyes</i>	<i>Ricardo Z. Pasa 110807</i>

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We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DUC	DATE	10/30/07
ADDRESS	RA Gmbh	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 2000 GPD			
Visit Frequency	:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT			
Check on RO system			
FINDINGS/COMMENTS:			

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	full	Ozonator	OK
Pre-filter	OK	Hardness Reading	
Post-filter	need for replacement	Feed Water TDS	1193 ppm
Feed Pump Pressure	40 / 180 psi	Product Water TDS	12 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	0.2 mg/l
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): Check feed water, RO product, check delivery distribution system. Backwash pre filter			
Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Bob de los Reyes	Alonso

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCH	DATE	102907
ADDRESS	KAGMARI	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

2000 GPD

Visit Frequency

:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System Operation

FINDINGS/COMMENTS:

need to refill fluoron & chlorine for inject tank

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	full	Ozonator	ok
Pre-filter	ok	Hardness Reading	
Post-filter	ok	Feed Water TDS	1129 ppm
Feed Pump Pressure	20 / 190 PSI	Product Water TDS	90 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	0.5 mg/L
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check and Refill fluoron & Chlorine, check TDS & Chlorine residual
of feed H₂O & RO product, check operation pressure

Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Holder Rep	Nadia S. Tagabul